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Original.

CASES OF DELAYED UNION IN FRACTURE.

BY T. G. MORTON, M. D., PHILA., PA.

In these days of antiseptic surgery we are perhaps a little too hasty in regard to the treatment of delayed union in fractures, and do not give Nature time to effect repair. The length of time taken for repair was unusually long, yet the result in both cases here reported has been perfect.

Case I. Delayed union in a fracture of the femur.—(Notes of Dr. Wm. H. Shipps, of Bordentown, N. J.) On January 20, 1893, L. M., a young woman, seventeen years of age, while coasting was violently thrown from a sled, sustaining a fracture of the right femur at about the junction of its middle and lower third. She was at once carried to her home, placed upon a firm mattress and sand-bags and extension by weight and pulley employed. The patient, an intelligent girl, recognized from the start the importance of keeping the fragments in position, and labored in every possible way to avoid disturbance of the limb; so determined was she in this respect, that she avoided in so far as possible, a regular evacuation of the bowels, although assured of the folly of such a course. Having a capricious appetite, it was difficult for the first six weeks to get her to take a sufficient quantity of nourishment, although the necessity for this important aid in bone repair was constantly urged upon her.

At the end of four weeks the dressings were removed and the limb carefully inspected. No shortening was detected, but, to my chagrin, no attempt at union had taken place, notwithstanding the parts were in perfect apposition. The dressings were carefully re-applied.

On March 20, two months after the injury, an examination showed entire absence of bony union. At this juncture I requested Dr. Morton to see the case with me. It was agreed to resort to daily massage of the entire limb, especially in the vicinity of the fracture, and to lessen the amount of extension. The limb was also encased in a firm dressing, made of two Russia felt splints; a posterior one, extending from the great trochanter to within six inches of the ankle; an anterior, extending the entire length of the thigh, firmly held in place by a roller bandage. Four weeks later the patient was allowed to get out of bed daily and walk about on crutches, care being taken that no weight be borne upon the limb. This plan of treatment was faithfully carried out, the appetite of the patient in the meantime materially improved. In the course of three weeks the circumference of the limb had visibly increased and an evident attempt at bony union noticed.

From this on the limb gradually improved in size and strength, until at the expiration of eight weeks from the commencement of massage, at which time Dr. Morton again saw the case, consolidation was complete. The dressings were continued for a few weeks longer, when a single roller bandage took the place of splints. Careful measurement of the two limbs at this time failed to show any appreciable shortening. Altogether the case made a most satisfactory recovery.

Case II. Delayed union in fracture of the leg.—On August 1, 1893, Captain A. S., aged 51 years, while at Ivigtut, South Greenland, in command of his vessel, received an injury to the right leg by the fall of a bulk-head or partition which separated the cargo of kryolite from the ballast; a medical man from the shore who was summoned, an oblique fracture of both bones about

the junction of the middle and lower third; he applied temporary pasteboard splints, and the patient was hoisted from the hold. Four day later, bandages, pasteboard splints and a plaster dressing were applied. Three weeks later the swelling of the limb had so subsided that he observed not only a considerable movement, but a grating of the bone; six weeks subsequent to the injury the dressing was removed, when it was found that there was little if any union; posterior board splint was applied, and two weeks later he left Greenland and arrived in Philadelphia on October 17, seventy-eight days after the accident; he then entered the Pennsylvania Hospital. General condition good. The limb was greatly swollen, skin dry and rough, evidently no attention had been given to the condition of the circulation, for the limb had not been out of splints for many weeks, and had not been bathed since the accident; there was little, if any, effort at repair in the fracture. Attention was at first directed to improving the circulation of the limb by soaking in warm water and massage; fracture box; subsequently Russia felt splints; finally a brace was applied. He was discharged December 11, 1893, with considerable union, which was not firm until the close of January, when he was able to walk without any support.

THE TREATMENT OF DIGESTIVE DISORDERS BY THE USE OF PROPER FOOD

BY CYRUS EDSON, M. D.,

Commissioner of Health, New York City,
Commissioner of Health, New York State,
President New York Board of Pharmacy.

Digestive disorders are peculiar to American life. The ceaseless rush and press of business, the care and worry incident to existence in our great cities are responsible for its prevalence. The wealth of our people has enabled them to gratify their appetites to an inordinate degree. Excessive alimentation, by crowding upon the digestive organs an amount of work for which they were never designed, plays a very important part in the etiology of these diseases. The excretory organs are crowded with an amount of work which over-eating and a sedentary life entails.

We are an over-worked, over-stimulated people, and we are beginning to pay for our violation of nature's laws by becoming a dyspeptic people. Our intense and ever-present excitement interferes with proper digestion. The food introduced into the stomach, instead of becoming dissolved, is so feebly attacked by the digestive process that it is not digested. Instead of digesting we find it decomposing. Now, the injury wrought by this is three-fold: (1) the constant presence in the stomach of undigested food causes irritation; (2) the failure of digestion results in anaemia, simply because the blood can only come from food taken and digested. Cut off the supply of food and the anaemia of starvation results; (3) the products of the decomposed, undigested food in the stomach are certain gases, fatty acids and ptomaines, the effect of which is to increase the local disturbances by irritating still more the already inflamed mucus surface of the digestive tract. The conditions in the disordered stomach and intestines favor this decomposition; heat, air, moisture and micro-organisms are all present and ready to dispose of the food if it is not disposed of by the digestive process.

The peripheral irritation of the terminal nerves in the stomach and intestinal tract, caused by the mechanical presence of undigested irritating matter and the distension of the intestinal tract by gases, has a most important bearing on the train of nervous symptoms that sooner or later affect a dyspeptic. A very large proportion of the cases of so-called nervous exhaustion will be found to be due to the causes I have described.

Errors of diet must be reckoned among the most important exciting causes of functional indigestion. Americans are, as I have stated, a rich people, and can afford to live well. Too often they live too well. They consume more food than is necessary to maintain the bodily functions; the supply is far in excess of the demand, and this excess is usually in the nitrogenous elements of food. If the stomach digests the amount of food crowded upon it the kidneys and skin are apt to become disordered or diseased by the overwork thrust upon them in the elimination of waste mat-

ters that cannot be utilized and must be passed off. Nature does not tolerate abuse, and unless the patient is gifted with an unusually robust digestion she calls a halt by affecting the functions of the digestive organs. All the organs of the body are associated in their action to maintain health and properly run the economy. When one or more become diseased all are apt to unite in increasing the disorder. It would seem that when nature attacks the health of an individual she calls innumerable factors to her aid, all of which assist her in her destructive work. Her first move is almost invariably to reduce vitality by a disturbance of the digestive functions.

The proverbial rapidity with which the American bolts his food is an important factor in the etiology of these disorders. His pace is so swift, competition so fierce, that the proper time is begrudged to meals.

Drugs are of little value in the treatment of digestive disorders, and are too often used without the slightest regard to their real therapeutic effcets.

(Mixtures of several digestive ferments are extremely popular, notwithstanding the fact that acid media render some of these ferments inert, and an acid medium must be encountered in the stomach before the alkaline media in the duodenum is reached. Far more can be accomplished by a careful diet, good hygienic surroundings, and by a systematic lavage of the stomach by means of the esophageal tube, and though the use of drugs or even the digestive ferments. I do not deny the efficiency of pepsin, especially combined with hydro-chloric acid or with strychnine, in the early stages of many cases. In advanced cases these agents, used as auxiliaries, also do good, but their use without other treatment is to be condemned.

The best time for stomach irrigation by means of the esophageal tube is three or four hours after eating, though in some cases this will be found earlier than is possible when the stomach is diseased, and when the patient has eaten a hearty meal of solid food. The patient should be directed to eat a light lunch in the middle of the day of liquid or semi-liquid food, and should afterwards present himself to the doctor at four or five o'clock for treatment. The rationale of this treatment is as follows: The stomach is emptied, and thoroughly cleaned; the irritating material is taken from it; the action of the water repeatedly distending and contracting the walls of the stomach is that of passive exercise, tending to strengthen the muscular coats; the peptic glands are free from irritating substances. After a time the stomach gains in strength. It must not be forgotten that the digestion is aided to an enormous extent by muscular contraction of the stomach. When the muscular coats of the stomach are weak this muscular action is, of course, less.)

The first essential in the treatment of functional indigestion is rest. For a time, just sufficient food should be taken to support life. This food, too, must be of a kind easily assimilated. We must select articles of diet that will be rapidly absorbed with the least possible exertion on the part of the digestive organs. During the past four or five years, much attention and capital has been devoted to the development of processes by which food may be artificially digested outside the body. The great difficulty of preparing predigested foods, either in the home or in the laboratory of the retail pharmacist, places the physician and consumer in the hands of the manufacturer. We cannot, therefore, afford to "boycott" or ignore such articles when we recognize their utility. These preparations may be classified under three headings:

1. Those made from animal tissues and milk, belonging to the peptone class.
2. Those made from starches, malt products, dextrine and sugar.
3. Combinations of the two former classes.

The great advantage to be derived from the administration of artificially digested foods is because their absorption is to a great extent assured before any decomposition can set in. The most valuable of these foods is doubtless that prepared frm artifically digested milk by means of the pancreatic ferment. Milk, as is well known, contains all the nutrient elements to support life; if enough can be taken, no other alimentation is necessary, but many, if not most, patients cannot take this food for the period necessary to effect the best results, and its preparation entails an amount of trouble that only the most severely affected will conscientiously take. Consequently, we find ourselves often called on to prescribe other regimen. For the sake of variety, too, this is desirable. In these cases the extract

of pancreas may be used to make a variety of partially predigested dishes, such as soups, gruels, blanc mange, beef tea, etc. A list of recipes for these usually accompany the preparation. The peptones are very useful, but should never be used exclusively, and the same advice holds in connection with the chopped meat diet. This consists in giving finely chopped beef in the form of a lightly broiled so-called "Salisbury" steak. Patients fed exclusively on a meat diet lose flesh and strength rapidly. Combined with a certain amount of starchy food, finely chopped meat, prepared as I have described, is usually well borne by the stomach. The amount of starchy food, however, should be small. The objection to the use of starches in this connection is: (1), because of their indigestibility; (2), because of their tendency to ferment. The earlier symptoms of digestive derangement, to which, later on as the case progresses, are added a train of nervous phenomena too manifold for description, are heartburn, pain in the stomach, eructations of gases, a feeling of oppression and excessive fullness after eating. There is not infrequently palpitations and intermittent action of the heart—in fact, dyspepsia is one of the most frequent causes of functional derangement of the heart. This is due, in part, to pressure from the distended stomach and in part to reflex disturbance of the nervous system.

I have previously pointed out the effects of decompositioin in the digestive tract of undigested food. It is to this decomposition, with its resultant gases and morbific products, therefore, that the symtoms of indigestion are due. Of all the foods eaten by man the starches are most liable to decomposition. The heartburn which these patients suffer is not caused by excess of acid of the gastric juice, for that is really diminished, but by an acid fermentation of food in the stomach.

STARCH IS PRE-EMINENTLY A FLESH-FORMING FOOD.

It is superior to the fats for this purpose; as a heat-producer, it is far more useful than meat. The system deprived of starch or sugar cannot thrive. As is well-known, starch must be converted into saccharine compounds before adsorption can be effected. The pre-digested starchy foods heretofore offered to us for choice comprise preparations which, on account of the distaste they contain, are often greatly lauded. The activity of this distaste, however, in assisting digestion in the stomach, is very doubtful, and furthermore, this class of preparation is usually possessed of a pronounced flavor which sooner or later palls upon the palate, and eventually becomes intolerable.

Pure pre-digested starch, given with an easily or partially digested animal diet, should be productive of excellent results. This idea seems to have occurred to the manufacturers of a pre-digested starchy preparation recently put upon the market, called Paskola, which it is claimed consists of pre-digested starch combined with a certain amount of hydrochloric acid (the natural acid of the gastric juice) and vegetable digestive ferments, the product of the pine-apple, paw paw and other fruits. Such a combination is excedingly palatable, and ought to prove efficacious, for not only does it present nourishment of a most valuable form ready for easy assimilation, but it aids the digestion of other foods in the body, and thus virtually rests the diseased organs.

The articles of diet especially to be condemned in disordered digestion are potatoes, uncooked vegetables generally, fried foods, rich, greasy foods, pastries, salted meats, boiled meats, pork, veal, and the meat of very young animals. Hot bread is very injurious. Roast or broiled meats from mature animals are good; eggs and oysters are almost always well borne by the stomach.

It is very difficult to lay down dietetic rules for the treatment of cases of functional indigestion. Each case must be carefully studied and the treatment adapted to suit its requirements. The outlines that I have given, however, will be found useful for general guidance. Alcoholic beverages almost always do harm, but in cases of great debility a weak milk punch made from equal parts of Jamaica and Santa Croix rum will be found beneficial.

For checking hyper-acidity of the stomach, dilute hydrochloric acid has a wider and more efficient range than the alkalies, such as the frequently used bicarbonate of soda. This would seem to be in accordance with the famous Hahnemann maxim.

Gastric disturbances are invariably

accompanied by constant diarrhea or extreme constipation; one or the other of these conditions is almost always present; the one perhaps quite as often as the other. The distinctive point between gastric and intestinal indigestion is that in the latter the uncomfortable symptoms begin two or three hours after meals and diarrhea is a symptom. When the trouble is purely stomachic, the pain and discomfort commence immediately or soon after eating, and constipation is apt to be the rule. It is, however, common to see both conditions united in the same individual. In each case diarrhea is present and this should be treated by proper remedies, such as are usually in vogue for the purpose. The use of the rectal douche often accomplishes the purpose.

Patients with functional indigestion should be placed under the influence of the best possible hygienic surroundings. They should have a reasonable amount of exercise, always remembering that the system is running under reduced power. Recreation in the form most acceptable to the sufferer should be advised.

RUBBER-TISSUE GLOVES FOR PROTECTING THE HANDS DURING OPERATIONS, ETC.

Dr. T. S. K. Morton called the attention of the surgical section of the College of Physicians to thin rubber gloves, which have been in the market for some time and are coming into use for general surgical purposes and for handling strong solutions. "I have found these rubber-tissue gloves extremely useful in handling offensive cases. With them it becomes a pleasure to make rectal examinations, because the skin of the hands does not become saturated with fetor, and it is wonderful how many more examinations one makes. Also in handling strong solutions, or even in operating upon septic cases they have an excellent field.

The rubber is so very thin that it interferes very little with the tactile sense. As a rule, they go on with great ease and come off readily. The dealer said he was not sure that they would last very long in handling instruments, but thus far I have used them considerably, and they are still practically in perfect order. But if they could be used only for a few times, the price, $2.50, with 40 per cent. discount to hospitals, is not excessive. I think them of great value when handling morbid growths or making post-mortems, where it is possible to be inoculated. They bear steam sterilization and soaking in strong solutions of carbolic acid or bichloride."

THE PROGNOSIS OF PULMONARY TUBERCULOSIS.

Arthaud bases the prognosis of pulmonary tuberculosis on two important factors—viz., the disturbance of nutrition, and the extensiveness of the lung lesion. The first is determined by weighing. The weight of a normal adult individual, according to the observations of this writer, is the amount, in kilograms, of the person's height in centimeters above 1 meter. Thus, if the height of a person is 1 meter and 70 centimeters, the normal weight should be 70 kilogrammes. Observations based on many cases show that when a phthisical subject has lost one-quarter of the body weight there is great danger to life, and if one-third of the body weight is lost the case is hopeless. The best nutrition for these individuals is the ingestion of 400 grammes of meat and 1 kilogramme of bread in 24 hours. The extensiveness of the lung lesion is not so easily determined. The destruction of lung tissue is indicated not only where bronchial respiration and rales are heard on auscultation, but also in those situations where indeterminate respiration is heard, for the latter indicates fibroid induration of the lung. A more practical means of determining the degree of lung destruction is by counting the pulse. The following figures are only of avail in apyretic conditions, and when the patient is not nervous; 90 pulse beats indicate a loss of one-third of the lung; 100 pulse beats indicate a loss of one-half of the lung; 110 pulse beats indicate a loss of three-quarters of the lung; 120 pulse beats indicate a loss of the entire lung; patients who have lost one-quarter of their body weight and three-quarters of the lung are pronounced incurable.

—Wiener Med. Presse.

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FRANK S. PARSONS, M. D.,

EDITOR AND MANAGER.

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THE LAW OF MALPRACTICE.

In a paper by Clark Bell read before the New York Medico-Legal Society and published in the Medical Age the author defines the law on this subject. He cites many cases on record which substantiate his opinions.

"Malpraxis may be defined as bad or unskillful practice in a physician or surgeon, whereby the health of the patient is injured.

"Negligent malpractice embraces those cases where there is no criminal intent or purpose, but gross negligence in bestowing that attention which the situation of the patient requires.

"Ignorant malpractice is the administration of medicines, or the treatment of the disease, fracture or injury in a way calculated to do injury which actually does harm, and which a properly educated, skilled and scientific medical man or surgeon would know was not proper in the case.

"Physicians and surgeons, by holding themselves out to the world as such, engage that they possess the reasonable and ordinary qualifications of their profession, and are bound to exercise reasonable and ordinary care, skill and diligence, but that is the extent of their liability. The burden of proof is upon the plaintiff in actions for malpractice to show that there was a want of due care, skill and diligence, and that the injury was the result of such want of care, skill and diligence.

"The reasonable and ordinary care, skill and diligence which the law requires of physicians and surgeons are such as those in the same general line of practice in the same general locality, ordinarily have and exercise in like cases.

"In Pennsylvania, McCandless v. McWha, 22 Pa. St., 261, the courts held that such skill is required 'as thoroughly educated surgeons ordinarily employ,' but the weight of authority is as first above stated.

"The locality in which the physician or surgeon practices should be taken into account. One in a small town or sparsely settled country district is not expected to exercise the care and skill of him who resides and has the opportunities afforded in a large city. He is bound to exercise the average degree of skill possessed by the profession generally in the locality in which he resides and practices.

"Physicians and surgeons should, however, keep up with the latest advance in medical science, and use the latest and most improved methods and appliances, having regard to the general practice of the profession in the locality where they practice, and it is a question for the jury to decide from all the circumstances of the case whether the physician or surgeon has done his duty in that respect.

"If a physician or surgeon departs from generally approved methods of practice, and the patient suffers an injury thereby, the medical practitioner will be held liable, no matter how honest his intentions or expectations were of benefit to the patient.

"Physicians and surgeons are bound to give their patients their best judgment, but they are not liable for mere error of judgment.

"If the error of judgment is so great as to be incompatible with reasonable care, skill and diligence, the physician or surgeon would be liable.

"If the patient in any way contributes to the injury by his fault or neglect,

he cannot recover for malpractice by the physician or surgeon.

"And this doctrine holds where the physical weakness of the patient or his natural temperament is the contributory cause of the injury.

"Damages may be recovered for pain and suffering produced by the negligence or want of skill of the physician or surgeon, and also for loss of time and expense incurred on account of the improper treatment."

Such appears to be the law, and if any of us do not want to run the risk of having judgment rendered against us, in case we should be so unfortunate as to get sued for malpractice, we had better follow it. Every doctor who has had considerable experience in the practice of surgery, especially in cases of fractures, dislocations, sprains, etc., etc., has had some cases where the result obtained was not just what he desired or expected, and if he looks for the real cause he would find that it was the fault of the patient. I believe that nearly all of the so-called malpractice cases are of that kind, and consequently the cases that come under our observation that do, or do not, finally get into the courts, are of two kinds: Those where the injuries sustained by the patient are the fault of the surgeon, and the others the fault of the patient. Those cases of malpractice resulting from gross incompetency of the physician or surgeon will occur so long as we have medical colleges whose chief object and mission seems to be to accommodate that class of scoundrels who desire to get a diploma and practice medicine without first obtaining the usual qualification that is required of honest men before they graduate.

These parasites, if sued for malpractice resulting from gross incompetency, have the gall to expect and wonder why the honest and intelligent doctor will not go to court and testify in their behalf. No lawyer will undertake to try a case of malpractice unless he can get medical men to testify on his side of the case, and if he cannot get good and reputable doctors he will take the other kind, and once in a while we hear of a combination of these. I can say right in this connection, I have heard that one of our surgeons has associated himself with a peddler of roots and herbs, and they will be the chief expert witnesses for the plaintiff in one of the malpractice cases now in court, against an honorable member of this society. I hope the report is not true. If it is, it shows that he has no regard for the ethical part of our profession, and he will undoubtedly lose the respect of many of his friends by degrading himself in such a manner.

Can doctors prevent alleged malpractice cases from getting into the courts? In most cases my answer is yes. How? By not doing those things which I have stated are the cause.

If there is any doctor who feels he must do some mean act to a fellow-practitioner in order to square accounts for some imaginary or real grievance, I hope he will, not only for his own good, but for the best interests of the profession take other means than aiding directly or indirectly members of the legal fraternity to prosecute the doctor for alleged malpractice.

At the present time there seems to be a growing disposition with some of the people who receive an injury, if the injured part is not restored to its former condition, to blame the doctor, and they will start out with or without the advice of a lawyer and try to get some doctor's opinion of their case.

I have had some call on me, but will call your attention to only one of them —a woman who said a friend of mine had referred her to me, and she would like me to look at her wrist and tell her what I thought of it. She said she thought it had not been treated properly. I asked her how she met with the accident. She answered that she fell getting off a street car. I said, "Are you going to sue the company?" "No," she replied, "my lawyer said the way I fell I could not get damages from the company, and I had better bring action against the doctor." I gave her such advice that if she follow it she will never sue the doctor, who is a member of this society.

SEWER GAS AS A CAUSE OF DISEASE.

It was formerly thought that the entrance of gas from a defective sewer was the prime cause of many infective diseases.

Now it is quite certain that there is comparatively little danger from sewer gas in the diluted form it reaches an individual, and that this gas really con-

tains but few bacteria compared with atmospheric air.

The subject was well discussed in the recent Congress of American Physicians at Washington, several papers being presented.

Dr. A. C. Abbott, of Philadelphia, stated "A study of the literature of this subject leaves the impression that many of the opinions advanced are not based on exact methods of investigation. We are now tolerably well acquainted with the nature of the air of sewers, and we know that as ordinarily found it does not differ conspicuously from the air that we are accustomed to breathe. Studies in bacteriology demonstrate the comparative poverty of sewer gas in bacteria. The general impression is that the air of sewers is under an active pressure and tends to force its way into houses, but numerous experiments with pressure gauges show that such is not the case. The studies upon the chemical, bacteriological and physical side of the subject, together with observations on the health of those constantly exposed to the emanations of sewage, are not of a nature to warrant the opinion that sewer air is the dangerous factor that some believe it to be. There does not seen to be a single conclusive demonstration that the air of sewers stands in causal relation to the diseases for which it has been held accountable.

"Among the problems which the author had endeavored to solve experimentally in the laboratory was whether or not it was possible to demonstrate on animals that the gases arising from sewage or from other decomposing substances have any direct effect upon the health of the animal or its ability to resist infection. The method of experimentation was given in detail. The teaching that because materials containing organisms capable of producing disease are constantly gaining access to the sewers, the air of these sewers must of necessity also contain such organisms is simply an opinion. It is not supported by observations that lead us to accept it as a fact. The more conservative of those who believe in a causal relation between the air of sewers and pathological conditions are coming to the opinion that it is not directly concerned in the production of disease, but that its continuous respiration in some way interferes with the normal vital resistance of the tissue, and thus renders them more susceptible to infections to which they may be exposed.

"The author detailed his experiments on animals, and concluded that, if experiments upon animals are of any value in demonstrating the positive or negative effect of air saturated with the gaseous products of decomposition, it does not seem reasonable to suppose that the air of a sewer or cesspool, in the enormous dilution in which it exists at the time that it reaches an individual in a house to which it has access, can be of much importance either in the direct production of the diseased conditions or in influencing the vital powers of the resistance of the individual who inhales it."

BOOKS AND PAMPHLETS RECEIVED.

A CONTRIBUTION TO THE PATHOLOGY OF FRIEDREICH'S ATAXIA. By Charles W. Burr, M. D. Reprinted from University "Medical Magazine."

HISTORY OF THE DROP-BOTTLE. By L. Webster Fox, M. D., Philadelphia, Pa. Reprint from the Ophthalmic Record, May, 1894.

OPHTHALMIA NEONATORUM; CONTRACTION OF EYELIDS; GLAUCOMA; GRATTAGE FOR GRANULAR LIDS. By L. Webster Fox, M. D. Reprint from the "Medical Bulletin."

ELECTRICITY IN THE TREATMENT OF CHRONIC PROSTATITIS, AND OTHER CONDITIONS UNDERLYING IMPOTENCE IN MEN. By G. Betton Massey, M. D., Philadelphia. Reprinted from "University Medical Magazine."

THE ELECTRICAL TREATMENT OF FIBROID TUMORS. By G. Betton Massey, M. D., Philadelphia, Pa. Reprinted from the "Journal of the American Medical Association." April 21, 1894.

ENORMOUS OVAL HEMORRHOID ENCIRCLING THE ANUS; WHITEHEAD'S OPERATION; ENTIRE CURE. By W. W. Keen, M. D. Reprinted from the "Therapeutic Gazette," April 16, 1894.

REMOVAL OF THE GASSERIAN GANGLION AS THE LAST OF FOURTEEN OPERATIONS IN THIRTEEN YEARS FOR TIC DOULOUREAUX. By W. W. Keen, M. D., and John K. Mitchell, M. D. Reprinted from the transactions of the Philadelphia County Medical Society, 1894.

OPERATION WOUNDS OF THE THORACIC DUCT IN THE NECK; WITH A RESUME OF THE TWO PRIOR RECORDED CASES AND TWO ADDITIONAL CASES. By W. W. Keen, M. D.

LIGATION OF THE COMMON AND EXTERNAL CAROTID ARTERIES AND THE JUGULAR VEIN, FOR ARTERIO-VENOUS ANEURISM OF THE INTERNAL CAROTID AND JUGULAR, WITH DIVISION OF THE OPTIC NERVE ON THE OPPOSITE SIDE, THE RESULT OF A GUNSHOT WOUND. By W. W. Keen, M. D.

ADDRESS BY REQUEST OF THE SUPERVISING SURGEON-GENERAL, U. S. MARINE-HOSPITAL SERVICE, May 18, 1894, before the Committee on Interstate and Foreign Commerce of the House of Representatives, in the matter of establishing a bureau of Public Health in the Department of the Interior. Washington: Government Printing Office. 1894.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Fortieth annual meeting, held at Raleigh, N. C., May 9, 10, and 11, 1893.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

SYMPHYSIOTOMY.

By M. Ganlard, Professor of the Faculty at Lille.

I wish to speak to-day of an operation which has been extensively revived during the past six years, and give a few notes on cases which have been recently subjected to it in my service.

In all those cases wherein the forceps cannot be safely applied; i. e., without serious damage to the maternal parts or the fetal head, when the want of correspondence is not too great between pelvic diameters and the fetal cranium, division of the symphysis serves a most valuable purpose.

Report of cases:—

In one of my cases the patient was 19 years old.

Having decided on this operation, the forceps was applied; then, while moderate traction was being made the symphysis was divided with Pinard's scalpel. The triangular ligament was cut through, while care was observed not to injure the urethra.

After division, when the head was engaged in the brim, there was a separation at the symphysis of about 7 centimetres.

Complete delivery was promptly affected. The child was alive and vigorous. The wound was closed by deep and superficial sutures.

Patient made a good recovery and in taking her feet had no impediment in walking. She was directed to wear a strong girth around her pelvis for some months until there was full assurance that solid union had been effected.

The second case was one of a rachitic mother aged 31 years. It was her third confinement. The technique in this case was similar to the former. The infant was saved, and the mother, with it, left the hospital in good health a month later.

This operation was first performed in 1777 by a French student named Sigault. A veritable delirium of enthusiasm was raised in its favor at first.

A grand medal was struck off and presented to this young candidate for honors; as he was regarded as the greatest benefactor of humanity of his time.

But its fall was as sudden as its rise was brilliant, and in a little while, except in Italy, the world heard nothing more of the operation.

The mortality attending symphysiotomy was found to be considerable, the bladder or urethea was often seriously damaged, grave lesions of the pelvis and the sacro-iliac joints followed. Bandeloque condemned it, and his great authority and influence had its effect on contemporaneous accoucheurs.

Modern technique and precaution have eliminated many of the former serious objections to it, and to-day it is regarded as a legitimate procedure.

From November, 1890, to November, 1892, Tarnier informs us that he employed symphysiotomy in premature labors 44 times with only one death.

I have myself at Lille, provoked premature labor in 37 cases during the last month of pregnancy; 28 infants were born living. The mothers all did well.

In order to secure the best results in symphysiotomy we should only employ it through the latter part of pregnancy, when premature labor has been instituted.

The author proceeds now to fully set forth its technique and the description of cases in which it is to be selected.

—Archives de Tocologie et de Gynecologie. Mai, '94.

GOOD-BYE ANTISEPTICS.

From the closing lines in the clipping below, we must admit that Sir Joseph's interpretation of orthodox antiseptics and America's widely differ, and that he is going back on his own pet.

"There was a crowded attendance of students and others present in the Uuion Hall of Glasgow University on the evening of the 17th inst., when Sir Joseph Listēr, Bart., gave an address under

the auspices of the Medico-Chirurgical Society. The lecturer said that just a quarter of a century had elapsed since he last addressed the students of the University of Glasgow. Then it was in the dear old college in High street, or in the Royal Infirmary. Now they were met in the fine Union Hall beside the stately pile of the new college. Though so many years had passed, and the outward surroundings were so different, he did not feel like a stranger. Some of his former colleagues were present, and he saw before him many whose studies it was one of his privileges to guide, who had since risen to positions of extensive usefulness and even high eminence in their noble calling. However little he might have contributed to such results, he could not but feel proud to have been their teacher, and was delighted to meet them again. Sir Joseph then said he would like to say a few words on that all-important subject, the practice of antiseptic surgery. After referring at some length to the use of carbolic acid as an antiseptic, he ventured to commend to them this simple mode of purifying the human skin, so, in the same way, with the hands—that it was not necessary so to purify them, that if a portion of the nail were to be cut off and put into a cultivating liquid there would be no chance of microbes developing. Experiments of this kind, he assured his hearers, were made, and often brought antiseptic surgery into contempt. All that was necessary and needful was to purify the hands, the instruments, and all accessories, so that they might not be the means of communicating mischief to the wound they were making or dressing, by the admission of ' gross dirt' and for the prevention of such he advised the use of a 1 in 20 solution of carbolic acid."

—Medical Press, May 23, 1894.

FOREIGN BODIES IN THE AIR PASSAGES.

In speaking of foreign bodies in the nose and the frequent ineffectual attempts made by the unskilled to remove them, the author says there is no need of anxiety about a foreign body being in the nose, nor of these clumsy attempts to extract them. There is no immediate risk or danger from its presence, and no occasion for hurry about removing it, if one has not a knowledge of the proper methods and a suitable instrument to use. As a rule, there is even no discomfort. The only possible dangers are that a small smooth body might, under some circumstances, be drawn through the nostril, and, by a sudden inspiration, pass into the windpipe; or a rhinitis, sometimes of an offensive character, be set up by any lengthened retention of some foreign bodies. Any physician can easily remove foreign bodies from the nose, even when apparently tightly wedged. A spray of a solution of cocaine will sometimes shrink the tissues sufficiently to loosen it, and gentle traction with a dent probe remove it. The nasal douche, properly used from the nostril opposite the one containing the foreign body, frequently brings it out in the flow of warm water.

In regard to foreign bodies in the pharynx, the author states that their removal is an easy matter unless they have passed down to the lower third or into the esophagus out of the domain of the air-passages. A weak solution of cocaine will relieve all the uncomfortable symptoms.

Foreign bodies in the larnyx are more serious than in the nose or pharnyx, because of imminent danger of suffocation if it is not speedily removed, or of secondary troubles from its retention that might cause death. The plan followed by the author is to deaden the pharynx with a 2-per cent. solution of cocaine by a spray-producer, and then apply a 20 per cent. solution very thoroughly to the larynx with a brush. He has never been able to do away with the reflex spasm of the larynx with a weaker solution, and sometimes he has had to repeat this application several times in order to do this. In this way he has removed pins, bones, etc., from the larynx without any discomfort to the patient. Sometimes foreign bodies can be successfully removed from the sub-glottic space in the same way. Usually, however, when it has passed into the trachea, if the method of inversion fails, or is impracticable (and it usually is only useful when the foreign body has weight enough to be acted on by gravity, such as a coin), tracheotomy becomes necessary.

—Virginia Med. Monthly.

George G. Shoemaker, M. D., died at his home at Knox, Pa., on May 20, 1894. Age 38 years.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

WOUNDS OF THE TENDONS OF THE HAND.

At a meeting of the Paris Society for Surgery, M. Chauvel reported a case operated on by M. Chupin, in which, as the result of an injury to the hand by the breaking of a glass, the radial artery, tendon of the flexor carpi radialis, and the tendons of the long and short extensors and long abductor of the thumb had been divided at the situation of the tabatiere anatomique. After ligature of the artery, M. Chupin sutured the tendons en masse, but the final result was not very good. In discussing the case M. Berger said that it would have been better to suture each tendon separately. In the case of the tendon of the flexor carpi radialis this is generally easy, but it is sometimes difficult to find the upper end of the tendons of the long and short extensor and long abductor of the thumb, and then the exploratory incision must be made high enough. When the upper extremity of the tendon has been found, it is well to keep it for some time moderately stretched before uniting it to the inferior end, to prevent contraction of the muscle, which will tear the sutures. Berger usually employs two or three points of suture, inserted lengthwise, for each divided tendon, preferring fine silk to catgut, because the latter softens at the end of two or three days. To obtain satisfactory functional results, the tendon sheaths should also be sutured with silk. In one case a very good result was obtained by this method. M. Reclus reported a successful case in which he performed suture of the tendon Achilles three months after its rupture, the ends of the tendon being carefully freshened and united with four silk sutures.—

—Semaine Medicale.

INTUBATION OF THE LARYNX BONNAIN.

Below three years better results are obtained than by tracheotomy. Its advantages are rapid intervention, requiring no special assistance and readily accepted by the parents.

Being a bloodless operation is not a source of exhaustion in young children.

Less liability to pulmonary complications. Expectoration through the tube is easier than through the tracheotomy tube, on account of the rectilinear direction of the canal of the former, and its situation higher in the trachea gives additional force to the cough. Convalescence is quicker. There is no cicatrix and no need of prolonged wearing of the apparatus. In stenosis of the larynx intubation has the advantage of being not only palliative but often curative.

—Progr. Med.—E. W. B.

ERROR IN RECOMPENSE.

A woman of 49, came to the dispensary, bringing with her a child of 5 years. This woman was a widow at 19, with 5 children. Since then she has had 20 other children at term and two miscarriages. She never had twins. Married three times. Out of the twenty-five children, 19 were boys, who all died young. The eldest of the five girls remaining was 28 and pregnant 6 months. The woman received a medal from the Irbonne Institute, but being in need she wished to exchange the honorary for a pecuniary recompense.

Le Prog. Med.—E. W. B.

EPITHELICMA OF THE EYELID TREATED WITH METHYL BLUE.

Darier relates a series of cases of cancerous tumors of the face rapidly cured by applications daily of methyl blue solutions of a strength of 1 per cent.

The solution appeared to have a specific action on the cancerous element. It may, if well applied, bring about a cure, especially if a previous cauterization with chromic acid is made.

In deep tumors, the liquid should be used hypodermically; where there is erosion it is recommended to complete the cure by skin grafting.

France Med.—E. W. B.

ERUPTION ON THE PALMS OF THE HANDS DUE TO ANTIPYRINE—FOURNIER.

The patient had been taking aulepyrine for headache. The eruption resembled closely syphilitic eruption, but after close questioning it was found to be due to antipyrine poisoning.

Le Prog. Med.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

ELECTROLYSIS AFTER BOWMAN'S OPERATION.

M. Lagrange, of Bordeaux, claims that electrolysis is a great help when the lacrymal passage is narrowed after Bowman's operation. He finds it necessary to use feeble currents (under 8 milliamperes), and the application must not continue more than two or three minutes. Besides its mechanical action, electrolysis acts heroically upon the septic germs in the sac of the lacrymonasal canal.

It is usually necessary to subject the patient to a number of sittings to accomplish the best results.

—Recueil D'Ophthalmologie.

MYOPIA CAUSED BY INJURY.

M. Despagnet recently reported a case of injury to the Societe D'Ophthalmologie of Paris, that was interesting from a medico-legal point of view.

A man received severe contusions about the legs and hips in a railroad accident. He put in a claim upon the railroad company afterwards, for damages on account of loss of vision in the right eye.

He was found to have 9 dioptres of myopia in the right eye. The left eye had normal vision. There was an annular posterior staphyloma, which was five millimetres wide at one side, and one millimetre wide at the other. This staphyloma was bordered with pigment. The reaction of the pupil to light was normal. The examination was made seven months after the accident occurred.

As the face and head were free from bruises the doctor's conclusion was that myopia must have existed prior to the accident, but that it had probably increased afterward. The examination revealed great amblyopia. How much influence the accident had upon this is a matter of uncertainty.

—Recueil D'Ophthalmologie.

OPERATIONS FOR MYOPIA.

Dr. Schweigger reports fifteen cases of high myopia in the Deutsch Medicin Wochenschrift that he has treated by operation since 1891. He never operates unless the far point of vision is less than 7 c.m., and then he only takes the worse eye. He finds better vision after the operation without any lens than the patient had before with the best correction. The patient then uses the eye that has been operated upon for distant vision, and the other for near work.

The operation consists in needling the lens, the same as in lamellar cataract, and letting it absorb gradually. If the lens swells rapidly, threatening the safety of the eye, section of the cornea is performed, and the lens matter is removed.

PARALYSIS OF THE ELEVATORS AND DEPRESSORS OF THE EYEBALL.

Mr. Charles Wray in the "London Lancet" gives two simple methods of pointing out the action of the four muscles involved in elevating and depressing the eye, and the situation of the false images when they are paralyzed. The action of each muscle, and the inclination of the false image when the muscle is paralyzed, are represented by four radii drawn from the centre of the cornea, and forming a figure like the capital letter X.

For the examination of the action of these muscles the author sets forth the four following rules, which enable one to rapidly diagnose which muscle is paralyzed:

1. If the diplopia exists in the upper portion of the field of vision, the upper image belongs to the eye paralyzed.
2. If there is diplopia in the lower portion of the visual field, the lower image belongs to the eye paralyzed.
3. The paralysis of an oblique muscle gives rise to an internal strabismus and homonymous diplopia.
4. The paralysis of a straight muscle gives rise to an internal strabismus and crossed diplopia.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

ELECTRICITY VERSUS SUGGESTION.

The power of suggestion to modify functionally-diseased conditions has been brought into prominence in recent years, and especially during the investigations of hypnotism; and we find it frequently averred by those who are disposed to be skeptical about the action of electricity that its effect in functional disease is due to suggestion pure and simple.

That the electric battery often exerts a powerful suggestive influence on a patient's mind can easily be demonstrated. Instead of detracting from the value of this agent it is my opinion that it is an additional merit, and I have myself repeatedly made use of this influence to obtain the most gratifying results. The same may be said of almost every therapeutic measure in the hands of physicians who have confidence in themselves, believe implicitly in the efficacy of their treatment, and inspire a similar confidence in their clientele.

But it is a rash generalization to infer that this is the only way in which electricity acts.

To obtain the best results with electrization considerable skill and judgment are essential. It would seem, perhaps, to be a very simple matter, but experience in this, as in everything else, is a great advantage, and he who possesses it will often obtain results for which another will strive in vain.

A wise physician will take advantage of all the therapeutic aid which electrical treatment offers in disease—of the mental as well as the physical impression; neither should be neglected. It is a fact that must be recognized that the personal equation of the physician plays an important part in the most brilliant successes in drug therapeutics, and in a great measure the same is true of electrization and the results of electrotherapeutics. Certain persons will succeed, while others will not. Natural fitness, established habits of prescribing, prejudices for or against electricity—all enter into the question, and the actual remedial value of this agent cannot be wholly separated from the general average capacity and skill of those who employ it.

In no case has this been more forcibly illustrated than in the heated discussions waged only a few years ago over the treatment of stricture by electrolysis. If properly done the result is very satisfactory. If improperly done it may be a failure, or worse. The facts are easy of demonstration, yet column after column has been written on both sides of the argument and, instead of seeking the truth and nothing but the truth for the benefit of the profession, a great deal of personality was indulged in. "A man convinced against his will is of the same opinion still" and possibly some of the distinguished genito urinary surgeons who, four or five years back, denied that a properly applied sound of a proper kind, with a vis-a-tergo of only a mild negative galvanic current will pass through and soften the cicatricial bands of a urethral stricture are not yet willing to admit that it will. Nevertheless it will, and not by reason of suggestion, either.

It is evident to all who really have a large personal experience with medical electricity that there are times when the efficacy of "suggestion" fails and electricity has to stand on its own merits. I believe it can do this as well as any agent in the materia medica, but an amusing circumstance that recently came to my notice illustrates that in such cases the battery should be turned on.

An old gentleman had intercostal neuralgia, and his son had rheumatism in the small joints of the foot. A year previous his family physician had advised him to try electricity, and he had gone to a general supply store down town and purchased a beautiful little family battery for $10. It had five terminal posts, and gave out more kinds of currents than any other battery made. The son's rheumatism, however, resisted all its separate and combined currents, and after a year or so of inactivity the father concluded to try it for his own case. It required new fluid every second or third day to produce a

hearty buzz, but it tingled all right when applied to his ribs, and he got in the habit of using it.

About this time he got sick and called in a young but enterprising physician, who, it happened, had just become the proud possessor of a fine $24 portable 16-cell galvanic battery. Of course he saw at once that the $10 multiple current affair was all wrong, and that nothing could be expected anyway from electricity applied at home. So the enthused old gentleman went to his office for "a regular course of treatment."

The first day he appeared was rather cool. He was denuded of his upper apparel and seated on a stood by the young man, who used his best exertions to appear calm. It was his first attack with his new battery.

It had two handles that required to be raised to immerse the elements in the exciting fluid. He got the other details all right, after a careful study of the "circular," but forgot about the handles. When the patient had been duly cautioned not to expect any "noise" when the current was turned on, as this current was different from those he had mistakenly used at home, and which could do him no good, as they were the wrong kind, the electrodes were applied and the signal given. With one sponge over the short ribs, and the other perambulating over tender points in the back, the proud operator turned on switch after switch with a deliberation and caution that did honor to his study of the circular furnished with the battery.

The old gentleman noted each sensation. Here it pricked too much, there it was a trifle strong, anon it "burned," and conscious of the thernial effects of the constant current and not wishing to litterally melt down his first patient he reduced the cells promptly from 16 to 10. This was more comfortable and all parts were fully treated for half an hour, when the patient dressed and went home. He did not come again to report the remarkable improvement which must certainly have taken place as the result of this thorough application, and the mail finally brought word that he had caught a severe cold from the half hour's exposure in the chilly office and he could not see that the new kind of electricity had done any more good than his own kind, which he had concluded to resume at home where his room was warmer. At this juncture the physician made the discovery that he had failed to start the battery action and that the patient had got no current at all.

While he always cherished the idea that, if the old man had only got the current "it would have done him a power of good," he saw that to make a success of electro-therapeutics needed attention to certain details of an elementary nature; and among other things a milliamperemeter, which he accordingly procured.

PRURITUS.

Galvanic, static and faradic applications have all been made use of for the relief of this affection, and each has proved of at least temporary value. There are peculiar cases of this neurosis where the effect of sedative drugs has been worn out and every palliative measure at all is eagerly sought for by the patient.

The symptom may be idiopathic or due to some irritant cause. As we desire to influence the nerve-terminals, our treatment is directed to the site of the lesion together with such constitutional measures as may be indicated.

If galvanic applications are employed, the current should be sufficiently mild to produce a sensation of warmth under the electrode, which should be the positive pole of the battery.

If faradism is used it should be the sedative, high tension current obtained from the long, fine wire coil with rapid interruptions.

Perhaps no form of electrical administration, however, will afford more speedy relief than properly-directed static sparks.

Should the seat of the lesion be one requiring more than ordinary care in the application—as for instance the scrotum—it will be necessary to modify the spark in a skilful manner in order to avoid aggravation to the patient.

When the pruritus is a symptom of senile or other changes in the skin this form of electricity is also effective in relieving formication, and in fact all accompanying disorders of the sensory nerves.

Where drugs have long been resorted to and failed to yield other than temporary relief it will be found that some form of electricity is an additional resource, and one that often alters the character of the trouble into something tolerable, and in some cases effects an apparent cure.

Miscellany.

THE AMERICAN MEDICAL ASSOCIATION AT SAN FRANCISCO.

Report of the Committee on Revision of the Constitution.—At the opening of the final session, the discussion over the conflicting reports of the majority and minority of the Committee on Revision of the Constitution and By-laws was again started, but the members were weary of it and apparently were saving their strength for the dispute over the code question; so after a comparative brief debate the whole subject of constitutional revision was indefinitely postponed.

Revision of the Code of Ethics.—Dr. H. D. Holton, of Vermont, chairman, then presented the report of the Committee on Revision of the Code of Ethics of the association. This, like the report of the other committee on Thursday, gave rise to a heated and somewhat acrimonious discussion.

Dr. Didama, of New York, again made a minority report in opposition to that of the committee, and the adoption of this report was strongly urged upon the members.

Dr. Ingalls, of Illinois, moved that the whole subject be laid on the table, and his motion was carried, greatly to the relief of most of those present.

The Journal of the American Medical Association.—The following resolution was introduced, and on motion was referred to the Judicial Council:

Whereas, The interests of the Journal of the American Medical Association require that it should command the confidence of the members of societies in affiliation with the association; and

Whereas, The Journal of the American Medical Association has continued to publish unethical advertisements, like those of antikamnia, labordine, and other secret nostrums, and that of the American Physicians' Sanatarium Company offering $1000 worth of stock to physicians sending it patients; and

Whereas, The trustees of the Journal have defended such a course on the ground that the money from such advertisements was needed to publish such a journal as they thought creditable to the association; therefore be it

Resolved, That the various State Medical societies in affiliation with this association are hereby requested to inform this association whether their members approve of the policy of admitting such advertisements to the pages of the Journal of the American Medical Association.

Election of Officers.—The following were elected to fill the offices of the association for the coming year: President, Donald McLean, of Michigan; treasurer, S. P. Newman, of Illionis; permanent secretary, W. B. Atkinson, of Pennsylvania; assistant secretary, G. H. Rohe, of Maryland.

Place of meeting, Baltimore, Md.

The Constitution of the Code of Ethics.—Dr. Marcy, of Massachusetts, moved that all matters relating to the amendments to the constitution and to the code of ethics, now lying on the table, be taken therefrom for further consideration. Carried. Dr. Marcy then moved to postpone indefinitely the revison of the constitution. Carried. He then moved that a statement making clear the provisions of the proposed new code be published regularly in the Journal, so that the exact nature of the proposed changes might be thoroughly understood by all the members of the association. This motion was also carried.

A PIPE INHALER.

Dr. Charles Forbes has designed a tobacco pipe which can also be used for inhaling eucalyptus or other volatile drugs. The pipe is of briar wood, and does not differ in appearance from the ordinary pipes in use, but the bowl consists of three concentric parts, an inner bowl, of wood, which screws into a case of wood, which forms one with the stem; between the two is a small aluminium retort. The air or smoke passes through the central aperture in the bottom of the retort, where the oil and moisture are deposited; thence it passes through apertures, cut in the retort, into the outer bowl, and so to the stem. The retort appears to serve the purpose of condensation well in ordinary smoking, and the mouthpiece remains very clean. The portability of the pipe may make it useful as an inhaler.

—British Medical Journal, June 9, 1894.

NOTICE TO OUR SUBSCRIBERS AND FRIENDS.

We desire to call the especial attention of our subscribers to the electro-therapeutic department of this journal.

The subject, while not new in itself, is continually developing new thought and application of therapeutic force.

We wish to receive more original experiences from physicians (not so much from the specialist as the general practitioner.) Questions and communications will be cheerfully received by the editor of the department, Dr. S. H. Monell, 44 West Forty-sixth street, New York city.

We realize the literature on this subject is yet in its infancy, and for this reason we hope to make this department one of the features of the "Times and Register." Will you help us?

Ed. T and R.

FUNCTIONAL DISTURBANCES OF THE FEMALE URETHRA.

Incontinence of urine from an atonic condition of the urethral sphincter and the sphincter of the neck of the bladder may frequently be relieved by the powerful tonic effect of a local application of the faradic current.

It may be applied by means of a bipolar urethreal electrode with the active points corresponding to the two sphincters, or it may be applied by means of a simple urethral bulbous electrode as the active pole, and a large pad or sponge electrode placed externally over the bladder.

When it is desired to improve the muscular tone, the coarse-wire secondary coil should be used for about five minutes at a time daily.

Neuralgia of the urethra is a painful symptom that may be promptly relieved by the galvanic current. Place the negative pole in the vagina and a felt or sponge electrode over the bladder and pass 10 to 15 ma. for a few minutes, or till relieved.

SYMPHYSIOTOMY IN RICKETY PELVIS.

N. G., aged 27, presented herself at the obstetric clynic of Dr. Kirch. She was the subject of extreme rickets. The circumference of the pelvis was 80 cm., the distance between the iliac spines 26½ cm.; the true conjugate 75 to 78 mm.; the conjugate of Bodeloque 17 cm. She was pregnant, in the ninth month, and the fetus was alive. Labor began on December 25, 1893, at 5 in the morning, and dilatation was complete by December 27. Dr. Kirch thought that the conditions, in that the head was movable and the child living, indicated symphysiotomy. He therefore performed this operation. The child was removed at the first application of the forceps, and the mother made a good recovery.

—Lo Sperimentale, vol. i., p. 128, 1894.

Notes by the Wayside.

Physicians who have never studied Latin, or whose early efforts are hazy from intervening time, would do well to pluralize Latin terms by the English method, rather than jump at hasty conclusions and make the sad blunders not infrequently heard, and even sometimes allowed to creep into the journals. At the State Medical meeting the other day one gentlemen thinking from its termination "a" that hematoma made its plural as does tinctura and mistura, calmly referred to "hematomae!"

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When glancing over some of the racy sentences found in Western medical journals one can hardly help regretting the inevitable time when this breezy, free and easy style will give place to the expurgated language of the conservative and effete East.

This thought is apropos of a recent editorial in a St. Louis journal. It seems the editor, believing that Dr. I. N. Love was a candidate for the presidency of the American Medical Association, had announced a pen picture of him in the next issue.

Dr. Love, not desiring photographs from an unfriendly camera, writes to the effect that, if this be done, he will proceed to return the compliment by furnishing his readers with similar pictures of the editors of the St. Louis journal, and, furthermore, will do it "to the Queen's taste." He even intimates that the repast will be be so much to the Queen's liking that "not a grease spot will be left."

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One of the Blockley residents was informed the other day by a patient that he had a "gastric stomach."

This anatomical peculiarity is on a par with that of the dispensary woman who told me that the dentist by his unskilfulness had broken her "ferocious" bone. For the sake of her husband, I trusted that it was broken beyond repair. Another voluble Irish woman confided to me with tears in her eyes that her brother's leg had either been broken or fractured, she did not know exactly which.

This also tallies with the tale of an awe-stricken husband who affirmed that his "wife had swallowed her palate."